



FOSTER FAMILY / ADOPTIVE HOME PREPARATION SUMMARY COVER PAGE

State Form 52795 (11-06) / CW 2125

DEPARTMENT OF CHILD SERVICES

Cover page for:	Foster home number
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APPLICANT A	
Name	Date of birth (month, day, year)
Race / cultural heritage <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) American Indian or Alaskan Native <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (6) Multiracial <input type="checkbox"/> (7) Unable to determine* * Choose only when client refuses or is unable to identify race(s).	Ethnicity Hispanic ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
Address (number and street, city, state, and ZIP code)	
Home telephone number ()	Work telephone number ()
Cellular telephone number ()	E-mail address

APPLICANT B	
Name	Date of birth (month, day, year)
Race / cultural heritage <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) American Indian or Alaskan Native <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) Native Hawaiian or Other Pacific Islander <input type="checkbox"/> (6) Multiracial <input type="checkbox"/> (7) Unable to determine* * Choose only when client refuses or is unable to identify race(s).	Ethnicity Hispanic ethnicity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
Address (number and street, city, state, and ZIP code)	
Home telephone number ()	Work telephone number ()
Cellular telephone number ()	E-mail address

CHILDREN	RACE	RELATIONSHIP	DATE OF BIRTH (month, day, year)

Dates of contact (month, day, year)

PREPARED BY	
Signature of Family Case Manager	Date (month, day, year)
Signature of supervisor	Date (month, day, year)

ADOPTION / FOSTER PARENT APPLICANT(S) COMMENTS

Comments

Signature of adoption / foster parent applicant

Date (*month, day, year*)

Signature of adoption / foster parent applicant

Date (*month, day, year*)**PLACEMENT / LICENSING RECOMMENDATION & ADDITIONAL COMMENTS**

Comments

Signature of Family Case Manager

Date (*month, day, year*)

Signature of supervisor

Date (*month, day, year*)